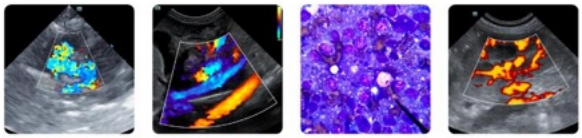

PATIENT

Roscoe Steckel

SPECIES

Canine

BREED

Lab

SEX

Male, neutered

AGE

11/15/2015

WEIGHT

76 lbs.

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

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HOSPITAL NAME

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REFERRING VET

Dr. Buerkle

INVOICE

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DATE
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PRESENTING CLINICAL SIGNS

Rechecking prostate/LNs after antibiotics and NSAIDs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

*The gas distention throughout the gastrointestinal tract may be obscuring some pathology.

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface in the region of the apex is slightly irregular. The bladder is moderately distended. A moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is severely enlarged (>10 cm in its longest dimension) with irregular peripheral contours. Multiple varying sized cavitated, lobulated areas are observed within the mass effect. In the more solid appearing tissue, the parenchyma is heterogeneous. Surrounding mesentery is slightly hyperechoic.

The left kidney is normal in size (6.52 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.43 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.53 cm at cranial pole) (0.58 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.73 cm at cranial pole) (0.59 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.76 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is

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normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal
The gastric lumen is gas distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is diffusely gas distended. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas
The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Lymph nodes
A 3.53 x 1.27 cm medial iliac lymph node is visualized.

Free Abdomen
There is no obvious evidence of free fluid.

Other
In the mid-abdomen, just caudal to the right kidney, a 2.30 cm cystic structure is observed.

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

· Severe prostatomegaly with cavitated regions within the parenchyma. Neoplasia (i.e., adenocarcinoma, transitional cell carcinoma with cystic or necrotic areas) is of top concern. However, prostatitis with areas of abscessation or cysts cannot be excluded. Mild adjacent peritonitis is present.
· The cystic lesion in the mid-abdominal region may be an extension of the prostate or may represent a separate lesion within the mesentery or a cystic lymph node.
· The prominent medial iliac lymph node may represent metastatic disease or reactive change.

Secondary Findings:

· Bilateral nonspecific age-related renal changes
· Minor geriatric hepatic parenchymal changes
· The urinary bladder debris could be consistent with cells, crystals, exfoliated material, mucous and/or lipid droplets.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not already performed, consider the following:

1. Three-view thoracic radiographs to assess for metastatic disease
2. Urine BRAF test to further evaluate for lower urinary tract neoplasia
3. Referral for an abdominal CT scan +/- consultation with a board-certified oncologist and/or surgeon

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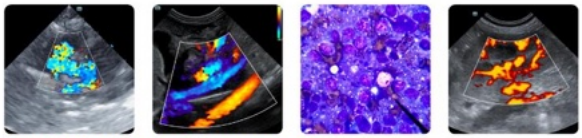

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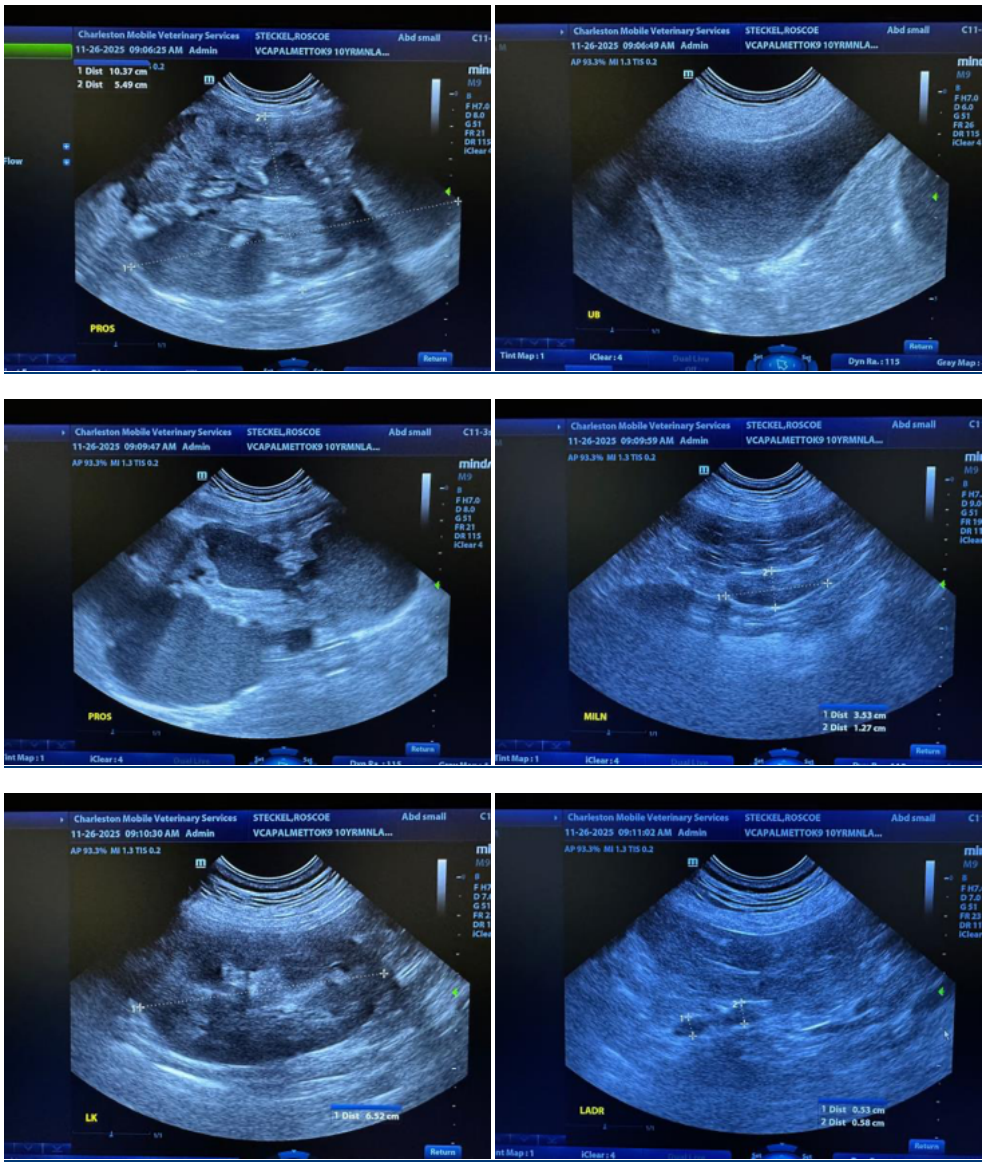

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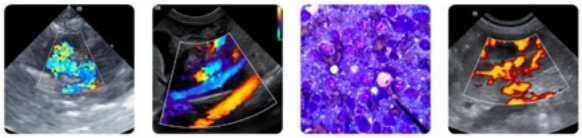

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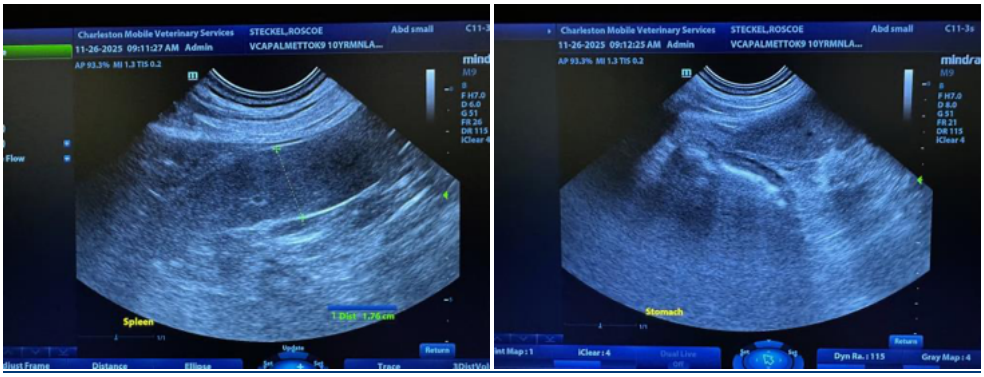

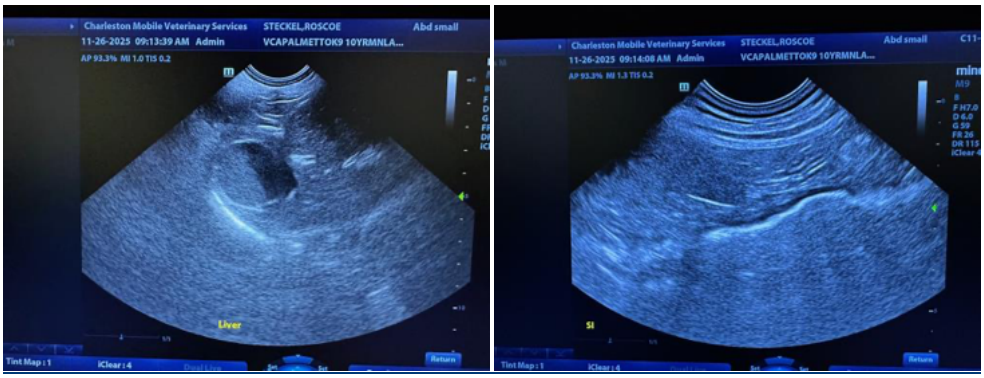

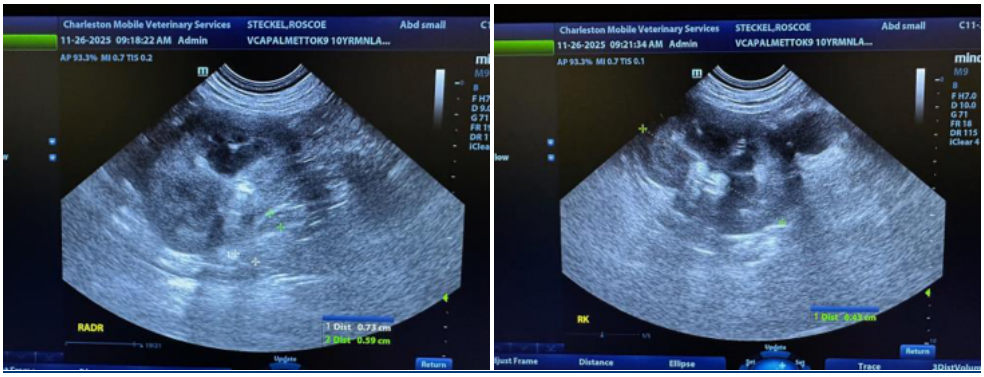

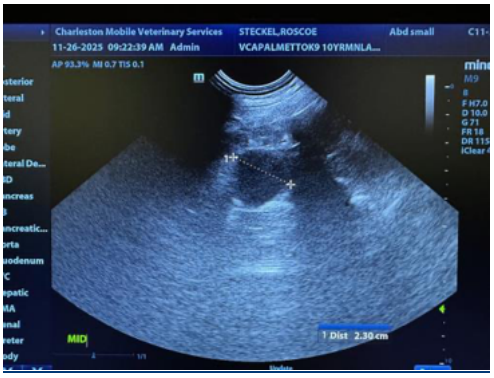

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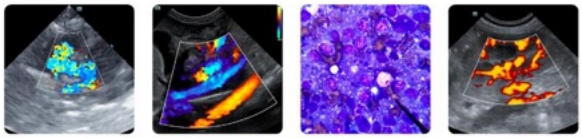

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com